



PATIENT

Augie Haramut

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Augie is referred to evaluate a heart murmur. Thyroid level normal. Mild decrease in appetite when compared to when he was younger. Activity remains normal for age. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 130mmHg x 5. Current medications: 1) Prednisolone 5mg 1/2 tab twice a day (probable IBD) 2) Dasaquin 3) Cobalamin/B12 0.5mls monthly *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular with regions of thinning. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. False tendon. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility with no mitral regurgitation. No obvious systolic anterior motion is seen. Mitral inflows suggest diastolic dysfunction.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

30540

DATE

5/2/23

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.0
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.35
LVID diastole (cm)	1.4
PW thickness (cm)	0.35
LVID systole (cm)	0.5
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.82
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal geriatric cardiac dimensions and function. The LV is remodeled with regions of thinning and significant diastolic dysfunction. These may be a normal variant or may suggest early restrictive disease. Regardless, the LA is normal indicating low risk for complication at this time. Serial echocardiography will be necessary to determine progression. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).



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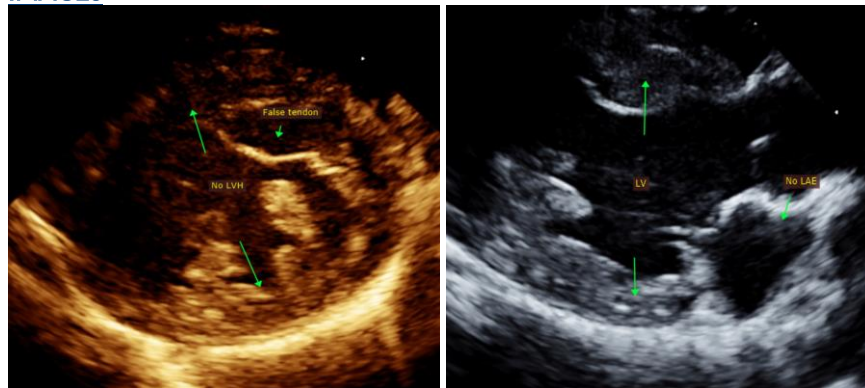
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With this degree of LV remodeling there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc).

PLAN

- Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LA dilation.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)